

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Hearing Aid Providers  
Managed Care Plans

**Memorandum No.: 05-75MAA**  
**Issued:** August 4, 2005

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**For Information Contact**  
**Toll Free:** (800) 562-6188

**Subject: Hearing Aids and Services: Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2005**, the Medical Assistance Administration (MAA) has revised the fee schedule in MAA's current *Hearing Aids and Services Billing Instruction*. The new fee schedule is attached to this memorandum.

## **What has changed?**

MAA is revising the reimbursement for hearing aid products. Changes are printed in red if viewing this document online, and are printed in gray on the hard copy. Following is a list of the changes:

- Most maximum reimbursement rates have been revised to match changes in the industry.
- MAA will reimburse for **digital hearing aids** codes V5256, V5257, V5260 and V5261 for clients with average hearing loss of 50 decibel hearing level (dBHL) or greater when the client meets the criteria in the Hearing Aids Billing Instructions.
- Analog hearing aids now require prior approval; justification must be presented.
- Hearing aids billed using codes V5050, V5060, V5130 and V5140 now require the client to have a hearing loss of 90dBHL or greater in the better ear or a progressive hearing loss.
- MAA will no longer reimburse for digital or analog **programmable** hearing aids.
- Expedited Prior Authorization (EPA) 605 for digitally programmable hearing aids is discontinued and no longer reimbursed.
- The code V5274 [assistive listening device not otherwise specified (NOS)] is identified as **BR (By Report)** and will require providers to submit the cost invoice so MAA may determine the appropriate reimbursement amount.
- All binaural hearing aids need either EPA or prior approval for adults 18 years of age or older.
- Children under 18 years of age, require Children with Special Health Care Needs (CHSCN) coordinators' prior approval for all hearing aids.
- The separate columns for Adult and Child rates have been removed. The fee schedule pertains to both Adult and Child when the client meets the requirements.

## **Reminder**

Use the date the hearing aid was delivered to the client as the date of service on the billing form.

## How to submit an adjustment for an overpayment:

Submit an Adjustment Request (525-109) DSHS form 13-715. Use one Adjustment Request form per claim. MAA will locate your claim and adjust the entire original claim. MAA will then reimburse the correct payment. For providers that have billed incorrectly, submit the Adjustment Request form to prevent an overpayment and recoupment of funds.

<http://www1.dshs.wa.gov/msa/forms/eforms.html>

## Billing Instructions Replacement Pages

Attached are replacement pages E.6 – E.7 and G.1 – G.4 for MAA's current *Hearing Aids and Services Billing Instructions*.

## Contact Information

### Send reimbursement issues, questions, or comments to:

Professional Reimbursement Section  
Specialty Services and Supplies Rates  
Division of Business and Finance  
PO Box 45510  
Olympia, Washington 98504-5510  
(360) 725-1845  
Fax # (360) 753-9152

### Send program questions or comments to:

Hearing Aids and Services Program Manager  
Medical Assistance Administration  
Division of Medical Management  
PO Box 45506  
Olympia Washington 98504-5506  
(360) 725-1582  
Fax # (360) 586-1471

### Request for Limitation Extension (LE) Prior Authorization (PA) should go to:

Medical Request Coordinator  
Medical Assistance Administration  
Division of Medical Management  
PO Box 45506  
Olympia Washington 98504-5506  
(360) 725-1583  
Fax # (360) 586-1471

## MAA's Provider Issuances

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily).
  - a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
  - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

## **EPA – Limitation Extension for Adults**

### **Hearing Aids - Adults**

**Procedure Codes: V5050, V5060**

**870000600**     **Second Hearing Aid** for clients 18 years of age and older, when auditory screening shows an average hearing of **90 dBHL\*** or greater in one ear at 1000, 2000, 3000 and 4000 Hz and has one or more of the following documented in the client's medical records:

- 1) Inability to hear has caused difficulty with job performance;
- 2) Inability to hear has caused difficulty in functioning in the school environment; or
- 3) Client is legally blind.

**\* Note:** MAA reimburses for a **more powerful aid** when the client has severe-profound hearing loss, or a progressive hearing loss. A more powerful aid must have the following:

- A directional microphone;
- An internal noise control; and
- A feedback control cancellation (not feed back management).

### **Hearing Aids - Adults**

**Procedure Codes: V5256, V5257 \***

**870000601**     **Second Hearing Aid** for clients 18 years of age and older, who have tried to adapt with one hearing aid for a **period of 6 months**, whose auditory screening shows an average hearing of **50 dBHL** or greater in both ears at 1000, 2000, 3000, and 4000 Hz and one or more of the following is documented in the client's records:

- 1) Inability to hear has caused difficulty with job performance;
- 2) Inability to hear has caused difficulty in functioning in the school environment; or
- 3) Client is legally blind.

**\* Note:** After waiting 6 months, only a monaural procedure code is authorized. Billing a binaural code in conjunction with monaural code within 5 years is not allowed without justification and prior approval.

#### **Modifiers**

LT = Left

RT = Right

RP = Replacement

RR = Rental

(Revised July 1, 2005)

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**Authorization**

## EPA – Limitation Extension for Children

### Programmable Hearing Aids - Children

Procedure Codes: V5246, V5247, V5252, V5253

**605** — Programmable Hearing Aid for a client 2-17 years of age, when prescribed by an audiologist and **at least one** of the following criteria is documented in the client's medical records:

1. The hearing loss pattern varies significantly or fluctuates from frequency to frequency (more than a 20 dBHL difference between octave bands).
2. Client has progressive hearing loss.
3. Client has developmental delays and is unable to give reliable test responses.
4. Client has physical or developmental disabilities and cannot adjust controls independently.
5. Background noise, discrimination problems, or recruitment are particularly problematic in the client.
6. Before and after testing, the client has demonstrated the effectiveness of a programmable aid(s) over regular hearing aid(s).

### FM System - Children

Procedure Code: V5274

**870000606** FM System for clients 2-17 years of age with all of the following documented in the client's records:

- 1) Completed comprehensive clinical testing with and without an FM system **or** proven successful use of an FM system in school; **and**
- 2) A diagnosis of apraxia, severe bilateral hearing loss not adequately benefited with hearing aids, auditory neuropathy, other "central" processing problems, **or** multiple handicaps; **and**
- 3) Average hearing of 50 dBHL or greater at 1000, 2000, 3000, and 4000 Hz.; **and**
- 4) Prescribed by an audiologist.

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Authorization

# Fee Schedule

## Hearing Aids for Adults and Children

Procedure Code	Description	Modifier	07/01/05 Maximum Allowable
V5014 	Repairs (includes parts and labor) and modification of a hearing aid ( <i>replacement of casing allowed no more than once in 5 years</i> ). <i>When billing for repairs use criteria on C.2 for adults and D.2 for children.</i>	<b>RP (for casing only)</b>	<b>\$91.00</b>
	<i>When billing for repair of an analog hearing aid use V5014.</i>		<b>137.00</b>
V5030	Hearing aid, monaural, body worn, air conduction	<b>RT, LT, or RP</b>	<b>428.80</b>
V5040	Hearing aid, monaural, body worn, bone conduction ( <i>requires prior authorization when dispensed to adults 18 years of age or older</i> )	<b>RT, LT, or RP</b>	<b>428.80</b>
V5050 	Hearing aid, monaural, in the ear (ITE). ( <i>A more powerful hearing aid for a hearing loss of 90 dBHL at 1000 Hz or greater in the better ear or progressive hearing loss</i> ).	<b>RT, LT, RP, or RR</b>	<b>purchase: 743.75</b> <b>rental: 28.88</b>

To qualify for a more powerful hearing aid, the client must meet both of the following for progressive hearing loss (the current test and the previous evaluation showing the decrease must be kept in the client's records). The client must:

- Have an average of 50 dBHL or greater hearing loss, with progressive hearing loss; and
- Must show a decrease of more than 20 dBHL average pure tone frequency on subsequent audiograms.

**Note:** MAA reimburses for more powerful hearing aids (V5050, V5060, V5130, V5140) only when the clients meets the above

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(Revised July 1, 2005)

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Authorization

## Hearing Aids & Services

Procedure Code	Description	Modifier	07/01/05 Maximum Allowable
V5060 <i>Updated</i>	Hearing aid, monaural, behind the ear (BTE). <i>(A more powerful hearing aid for a hearing loss of 90 dBHL or greater, the average starting at 1000 Hz or greater in the better ear or progressive hearing loss).</i>	RT, LT, RP, or RR	<b>purchase: 743.75</b> <b>rental: 28.88</b>
V5100	Hearing aid, bilateral, body worn (requires prior authorization when dispensed to adults <b>18 years of age or older</b> )		942.79
V5130 <i>Updated</i>	Hearing aid, binaural, ITE (requires prior authorization when dispensed to adults <b>18 years of age and older</b> ) (A more powerful hearing aid for a hearing loss of 90 dBHL or greater, the average starting at 1000 Hz in the better ear or progressive hearing loss.) <u>Note: Cannot bill in conjunction with monaural within 5 years without prior approval.</u>		<b>1,487.50</b>
V5140 <i>Updated</i>	Hearing aid, binaural, BTE (requires prior authorization when dispensed to adults <b>18 years of age or older</b> ) (A more powerful hearing aid for a hearing loss of 90 dBHL or greater, the average starting at 1000 Hz in the better ear or progressive hearing loss). <u>Note: Cannot bill in conjunction with monaural within 5 years without prior approval.</u>		<b>1,487.50</b>
<b>V5256</b>	<b>Hearing aid, digital, monaural, ITE (for hearing loss 50 dBHL or greater, the average starting at 1000 Hz, when client meets coverage criteria). Adults 18 years of age or older are required have prior authorization. Children can have hearing loss less than 50 dBHL, but require a Children with Special Health Care Needs (CSHCN) stamp on the HCFA/CMS 1500 claim form (stamped with black ink) for clients age 17 and under.</b>		<b>448.87</b>

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(Rev.09/22/2005 Eff. 7/1/2005)

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Authorization  
Corrected with IC-2005-11

## Hearing Aids &amp; Services

Procedure Code	Description	Modifier	07/01/05 Maximum Allowable
<b>V5257</b>	<b>Hearing aid, digital, monaural, BTE</b> (for hearing loss 50 dBHL or greater, the average starting at 1000 Hz, when client meets coverage criteria) Adults 18 years of age or older are required have prior authorization. Children can have hearing loss less than 50 dBHL, but require a CSHCN stamp on the HCFA/CMS 1500 claim form (stamped with black ink) for clients age 17 and under.		<b>448.87</b>
<b>V5260</b>	<b>Hearing aid, digital, binaural, ITE</b> (for adults, hearing loss 50 dBHL or greater, the average starting at 1000 Hz, when client meets coverage criteria. Adults 18 years of age or older are required have prior authorization. Children can have hearing loss less than 50 dBHL, but require a CSHCN stamp on the HCFA/CMS 1500 claim form (stamped with black ink) for clients age 17 and under. <u>Note: Do not bill in conjunction with monaural within 5 years without prior approval.</u>		<b>897.74</b>
<b>V5261</b>	<b>Hearing aid, digital, binaural, BTE</b> (for adults, hearing loss 50 dBHL or greater, the average starting at 1000 Hz, when client meets coverage criteria. Adults 18 years of age or older are required have prior authorization. Children can have hearing loss less than 50 dBHL, but require a CSHCN stamp on the HCFA/CMS 1500 claim form (stamped with black ink) for clients age 17 and under. <u>Note: Do not bill in conjunction with monaural within 5 years without prior approval.</u>		<b>897.74</b>

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Fee Schedule  
Corrected with IC-2005-11



## Hearing Aids & Services

V5264	Ear mold/insert, not disposable, any type. <i>MAA covers <b>replacement of ear molds</b> as follows:</i> — <i>Once a year for soft ear molds; and</i> — <i>Once every three years for hard ear molds.</i>	<b>RP (for adults 18 and over only)</b>	38.49
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**Note:** After waiting 6 months, only a monaural procedure code is authorized. Billing a binaural code in conjunction with monaural code within 5 years is not allowed without justification and prior approval.

V5274	Assistive listening device, not otherwise specified ( <i>EPA 606: FM system for children or prior authorization</i> ) <b>Copy of cost invoice required.</b>		<b>BR</b>
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Procedure Code	Description	Modifier	07/01/05 Maximum Allowable
<b>The following codes have been discontinued as of dates of service on and after July 1, 2005.</b>			
<del>V5246</del>	<del>Hearing aid, digitally programmable analog, monaural, ITE (covered only when approved as a limitation extension)</del>		<del>\$1,070.25</del>
<del>V5247</del>	<del>Hearing aid, digitally programmable analog, monaural, BTE (covered only when approved as a limitation extension)</del>		<del>1,070.25</del>
<del>V5252</del>	<del>Hearing aid, digitally programmable, binaural, ITE (covered only when approved as a limitation extension)</del>		<del>1,987.24</del>
<del>V5253</del>	<del>Hearing aid, digitally programmable, binaural, BTE (covered only when approved as a limitation extension)</del>		<del>1,987.24</del>

**Bill your usual and customary charge.**

**Payment will be the lesser of billed charge or the maximum allowable fee.**

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**Fee Schedule**